

POST AUDIT SURVEY
Montana Department of Revenue
Business and Income Taxes Division
PO Box 5805, Helena, MT 59604-5805
Fax: (406) 444-6642

EXHIBIT 2
DATE 02/07/13
HB 2

Taxpayer Name (optional):
Auditor(s): «Auditor»

Audit Date: «Date_Compl

The Montana Department of Revenue is continuously seeking ways to improve the services we provide. Please help us evaluate our service by answering the following questions about your recent audit. For each statement below, circle the number that best matches your opinion, using the following scale.

1	2	3	4	5	NA
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable

- 1 2 3 4 5 NA 1. At the beginning of the audit, I was informed of the information needed and the audit procedures that would be followed.
- 1 2 3 4 5 NA 2. I was given sufficient time to retrieve the information needed for the audit.
- 1 2 3 4 5 NA 3. During the course of the audit, the auditor showed a reasonable understanding of my business and industry.
- 1 2 3 4 5 NA 4. The auditor gave me helpful and accurate information regarding tax laws, regulations and rules pertaining to my organization.
- 1 2 3 4 5 NA 5. The auditor listened to and considered any concerns or questions that I raised during the audit.
- 1 2 3 4 5 NA 6. The auditor treated me with courtesy and respect throughout the audit.
- 1 2 3 4 5 NA 7. The auditor gave me clear, understandable answers to my questions.
- 1 2 3 4 5 NA 8. The audit findings and adjustments were satisfactorily explained to me at the audit's conclusion.
- 1 2 3 4 5 NA 9. The audit was completed within a reasonable period of time.
- 1 2 3 4 5 NA 10. If you have received the final audit report, was it clear, understandable and easy to follow.
- 1 2 3 4 5 NA 11. I understood my appeal rights at the conclusion of the audit.
- 1 2 3 4 5 NA 12. As a result of this audit experience, I have a more positive perception of the auditing unit at the Montana Department of Revenue.
13. Which type of tax did your audit cover?
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Individual Income | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Other _____ |

Additional Comments: _____
